

EXHIBIT

B

SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0681**FUNCTION REPORT - ADULT***How your illnesses, injuries, or conditions limit your activities***For SSA Use Only**
Do not write in this box.

Related SSN _____

Number Holder _____

SECTION A - GENERAL INFORMATION**1. NAME OF DISABLED PERSON** (First, Middle, Last)

RICKY A SHAW

2. SOCIAL SECURITY NUMBER

295-50-9950

3. DATE (Month, day, year)

01/11/08

4. YOUR DAYTIME TELEPHONE NUMBER (If there is no phone number where you can be reached, please give us a daytime number where we can leave a message for you.)

(717)

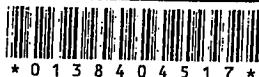
Area Code

697-2098

Phone Number

☒ Your Number☐ Message Number☐ None**5. a. Where do you live?** (Check one.)☐ House ☐ Apartment ☐ Boarding Home ☐ Nursing Home☐ Shelter ☐ Group Home ☒ Other (What?) Mobile home**b. With whom do you live?** (Check one.)☒ Alone ☐ With Family ☐ With Friends☐ Other (Describe relationship.) _____**SECTION B - INFORMATION ABOUT DAILY ACTIVITIES****6. Describe what you do from the time you wake up until going to bed.**

Woke up about 5 AM take 2 Anti-inflammation/Pain Pills (Lodine 400mg)
Listen to radio/Doze for about an hour. Get up make coffee
take rest of AM pills and another pain pill (Apo/oxycodone) if necessary
See attached State ment



7. Do you take care of anyone else such as a wife/husband, children, grandchildren, parents, friend, other? ☐ Yes ☒ No
If "YES," for whom do you care, and what do you do for them? _____

8. Do you take care of pets or other animals? ☒ Yes ☐ No
If "YES," what do you do for them? Feed, water daily

9. Does anyone help you care for other people or animals? ☒ Yes ☐ No
If "YES," who helps and what do they do to help? Local Teenagers sometime take the dog for a Run/walk

10. What were you able to do before your illnesses, injuries, or conditions that you can't do now?

Working heavy duty truck parts warehouse
See attached statement

11. Do the illnesses, injuries, or conditions affect your sleep? ☒ Yes ☐ No
If "YES," how? I don't sleep well because of the pain in my knees, have to wake up and ^{change} ~~move~~ position every couple hours. Taking Sleeping Pill doesn't help much

12. **PERSONAL CARE** (Check here ☒ if **NO PROBLEM** with personal care.)

a. Explain how the illnesses, injuries, or conditions affect your ability to:

Dress _____

Bathe _____

Care for Hair _____

Shave _____

Feed self _____

Use the toilet This is embarrassing. I have to use a small foam

Other? Point Roller w/ baby wipe after a sit down.

- b. Do you need any special reminders to take care of personal needs and grooming?

☐ Yes ☒ No

If "YES," what type of help or reminders are needed? _____

- c. Do you need help or reminders taking medicine?

☐ Yes ☒ No

If "YES," what kind of help do you need? _____

13. MEALS

- a. Do you prepare your own meals?

☒ Yes ☐ No

If "YES," what kind of food do you prepare? (For example, sandwiches, frozen dinners, or complete meals with several courses.) Sandwiches, Pot Pies, Sausages, eggs.

once or twice a week I make a full blown well balanced meal.

How often do you prepare food or meals? (For example, daily, weekly, monthly.)

Twice weekly otherwise it's short order items

How long does it take you? about twice as long as it took my wife maybe an hour

Any changes in cooking habits since the illness, injuries, or conditions began?

Gotta sit ~~clerk~~ to do most things

- b. If NO, explain why you cannot or do not prepare meals. NA

14. HOUSE AND YARD WORK

- a. List household chores, both indoors and outdoors, that you are able to do. (For example, ^{meal} cleaning, laundry, household repairs, ironing, mowing, etc.) Laundry, Picking up with the aid of an extended vacuum. Sweeping & moping is done by local kids as is the yardwork.

- b. How much time does it take you, and how often do you do each of these things?

Laundry 2-3 loads weekly, pick up semi-daily, vacuum occasionally. Chores usually take about an hour & 1/2

- c. Do you need help or encouragement doing these things?

☒ Yes ☐ No

If YES, what help is needed? Sweeping, moping and yardwork is done by local kids for money.

d. If you don't do house or yard work, explain why not. Can't use broom or mop because of my back. Can't mow or garden/weed because of back & knees

15. GETTING AROUND

a. How often do you go outside? as much as possible

If you don't go out at all, explain why not. _____

b. When going out, how do you travel? (Check all that apply.)

☐ Walk ☒ Drive a car ☐ Ride in a car ☐ Ride a bicycle

☐ Use Public Transportation ☒ Other (Explain) Actually I Drive a King CAB Ford Pickup most cars even the luxury models aren't big enough for me and they're all too low to get in and out

c. When going out, can you go out alone?

If NO, explain why you can't go out alone. _____

☒ Yes ☐ No

d. Do you drive?

If you don't drive, explain why not. _____

☒ Yes ☐ No

16. SHOPPING

a. If you do any shopping, do you shop: (Check all that apply.)

☒ In stores ☐ By phone ☐ By mail ☐ By computer

b. Describe what you shop for. Groceries & household items mostly

c. How often do you shop and how long does it take? 2-3 Times weekly about an hour and a half

17. MONEY

a. Are you able to:

Pay bills ☒ Yes ☐ No

Count change ☒ Yes ☐ No

Handle a savings account

Use checkbook/money orders

☒ Yes ☐ No

☒ Yes ☐ No

Explain all "NO" answers. _____

- b. Has your ability to handle money changed since the illnesses, injuries, or conditions began?

☐ Yes☒ No

If "YES," explain how the ability to handle money has changed. _____

18. HOBBIES AND INTERESTS

- a. What are your hobbies and interests? (For example, reading, watching TV, sewing, playing sports, etc.)

I'm a wood butcher. I can cobble together porch sittin or yard benches and tables. nothing fancy. I make a lot of saw dust & mistakes. I mostly use scrap or recycled wood

- b. How often and how well do you do these things? Not very well Not often

- c. Describe any changes in these activities since the illnesses, injuries, or conditions began.

I have to sit down to do most things I can stand only by leaning on ~~tables~~ work tables or stools

19. SOCIAL ACTIVITIES

- a. Do you spend time with others? (In person, on the phone, on the computer, etc.) ☒ Yes ☐ No

If "YES," describe the kinds of things you do with others. Mostly kids & young adult drop by and talk for free sados & watch TV for a while.

How often do you do these things? daily

- b. List the places you go on a regular basis. (For example, church, community center, sports events, social groups, etc.) Grocery store, hardware store, used to go to parks & Appalachian trail

Do you need to be reminded to go places?

☐ Yes☒ No

How often do you go and how much do you take part? Not often maybe once every couple weeks

Do you need someone to accompany you?

☐ Yes☒ No

- c. Do you have any problems getting along with family, friends, neighbors, or others? ☐ Yes ☒ No

If "YES," explain. _____

- d. Describe any changes in social activities since the illnesses, injuries, or conditions began.

Used to go for walks in the woods collecting unusual sticks & branches for walking sticks

SECTION C - INFORMATION ABOUT ABILITIES

20. a. Check any of the following items that your illnesses, injuries, or conditions affect:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Lifting | <input checked="" type="checkbox"/> Walking | <input checked="" type="checkbox"/> Stair Climbing | <input type="checkbox"/> Understanding |
| <input checked="" type="checkbox"/> Squatting | <input checked="" type="checkbox"/> Sitting | <input checked="" type="checkbox"/> Seeing | <input type="checkbox"/> Following Instructions |
| <input checked="" type="checkbox"/> Bending | <input checked="" type="checkbox"/> Kneeling | <input type="checkbox"/> Memory | <input type="checkbox"/> Using Hands |
| <input checked="" type="checkbox"/> Standing | <input type="checkbox"/> Talking | <input type="checkbox"/> Completing Tasks | <input type="checkbox"/> Getting Along With Others |
| <input type="checkbox"/> Reaching | <input type="checkbox"/> Hearing | <input type="checkbox"/> Concentration | |

Please explain how your illnesses, injuries or conditions affect each of the items you checked. (For example, you can only lift [how many pounds], or you can only walk [how far])

Bad knees prevent me from squatting, kneeling, standing for long periods or walking very far. Bad back prevents me from bending, standing for long periods. Comb. prevents me from lifting per OSHA and stair climbing. ~~Right~~ Can't sit in Normal height Chair. Right eye vision fuzzy

- b. Are you: ☒ Right Handed? ☐ Left Handed?

- c. How far can you walk before needing to stop and rest? about 150 feet + yards

If you have to rest, how long before you can resume walking? 4-5 minutes

- d. For how long can you pay attention? all day

- e. Do you finish what you start? (For example, a conversation, chores, reading, watching a movie) ☒ Yes ☐ No

- f. How well do you follow written instructions? (For example, a recipe)

Very well

- g. How well do you follow spoken instructions? pretty good but I usually take notes

h. How well do you get along with authority figures? (For example, police, bosses, landlords or teachers)

OK. If respect is given it is usually returned

i. Have you ever been fired or laid off from a job because of problems getting along with other people? ☒ Yes ☐ No

If "YES," please explain. I got along TOO well with a supervisor's girlfriend and was set up and fired. in 1992

If "YES," give name of employer. Wackenhut Security

j. How well do you handle stress? I handle stress extremely well

k. How well do you handle changes in routine? I was in the Army for 20 years. Nothing is routine there. Changes don't bother me

l. Have you noticed any unusual behavior or fears? ☒ Yes ☐ No

If "YES," please explain. I have began to Fear dying alone

21. Do you use any of the following? (Check all that apply.)

☐ Crutches

☒ Cane

☐ Hearing Aid

☐ Walker

☐ Brace/Splint

☐ Glasses/Contact Lenses

☐ Wheelchair

☐ Artificial Limb

☐ Artificial Voice Box

☐ Other (Explain) walking stick

Which of these were prescribed by a doctor? None prescribed but my main doctor knows I need one

When was it prescribed? N/A

When do you need to use these aids? I need the walking stick daily. With a bad back & bad knees my balance is off it helps me remain upright. When my back spasms I use the shorter cane and walk a lot slower

Bureau of Disability Determination
Attn: M. Miller

Ricky A. Shaw
295-50-9950

As with any government form you don't give enough space for the answers you want or need. I shall be concise as possible but things change from day to day.

Section B #6

- Wake 4-6 A M take pain pills go back to bed.
- 1- 1 $\frac{1}{2}$ hour later get up
- Need walking stick to get around, go to kitchen make coffee, go to desk take rest of meds, sometimes I need a second pain pill, read news on line.
- I'm an old soldier, I need 3-4 cups of coffee to get right. Takes about an hour for coffee and second pain pill to kick in.
- I take the dog and tie him out and sit on the porch watching him with my second cup of coffee.
- After coffee I change the bandage on my non healing ulcer on my right leg.
- At this time I may do dishes, laundry, straighten up living room or any other job that needs doing. At this time I usually don't need my walking stick to get around the trailer, but I do most jobs sitting. I use a grabber to pick things up.
- NOTE: I haven't been able to sit in a "normal" level, 18" or 19", chair for quite some time. I have stools sitting all around the house, the lowest being 24". My recliner is set up on a frame made of 2X10 construction lumber.
- As I am not working I only eat two meals a day. I have my breakfast around 11 A M, second meal at 5 or 6 P M.

- After breakfast I take my second or third pain pill and go do my shopping 2 or 3 times a week. My trips are limited mostly to groceries, med supply/pharmacy, hardware and gas station. Occasionally I need to go to wal-mart.
- During my shopping trips I take my cane or walking stick, but will leave it in the truck if I can make it to a shopping cart for support.
- I can walk with support for about 45 minutes before the knee pain gets bad, so my trips are short.
- I can make three stops and the effort of bending my left knee to get it in the truck is extremely painful.
- I have to drive a large vehicle because of my size, but even then room is limited. If my knees are in one position for long they start hurting. I need my walking stick for support when I return home to get up the steps to the door.
- Making 2 or 3 three trips per week also means I have fewer bags, which means fewer trips up the steps.
- If I set too long at my computer desk my knees lock up and I need my walking stick to lean on for 6 or 7 steps.
- After my shopping trips I have to sit and rest my knees for a while.
- My afternoons and evenings are spent watching TV or listening to music while trying to improve my carving, wood burning and other artistic attempts. If I can get good I may be able to get into a craft business, but not yet.

Section B #10

Prior to my condition I worked in a heavy-duty parts warehouse. I could lift and toss 140+ lb brake drums from one pallet to another. Because I cannot bend my knees I cannot lift properly per OSHA standards, which is why I lost my job. I used to go for long walks in the woods, which I cannot do now. I can probably walk $\frac{1}{2}$ the length of a football field then I have to stop and rest.

SECTION D - REMARKS

Use this section for any added information you did not show in earlier parts of this form. When you are done with this section (or if you didn't have anything to add), be sure to complete the fields at the bottom of this page.

Name of person completing this form (Please print)

SHAW, Ricky A

Date (month, day, year)

01/13/07

Address (Number and Street)

300 Walnut Lane

email address (optional)

City

Carleton

State

MA

Zip Code

17015

SUPPLEMENTAL FUNCTION QUESTIONNAIRE

The following questions concern the pain you have been experiencing:

When did your pain begin? *I have had back and knee pains in varying degrees since 1986*

What caused you to start having pain? *Deteriorating cartilage in both knees multiple back injuries over the years.*

Describe your pain. Using the usual 1-10 scale as at the Drs. office.
Left knee - morning pain is about 8, after meds down to 4, after walk around store for 30-45 min even with meds back to 8. Prolonged walk or standings 10.

Right knee - 2-5 depending on level of activity
Back - No pain when sitting up to 8 after prolonged activity

Has the nature of your pain changed since it began? Yes ☒ No ☐

If yes, please explain. *The level of pain has increased in the past 5 years.*

Where is your pain located? *Knee pain is front outside*
Back pain is lower back

Where does it spread? *Knee pain constant*
Back pain spreads upward after prolonged activity

What activities cause you to have pain (bending, standing, walking, temperature extremes, etc.)? *All those mentioned* *plus sitting in one place too long*

Is your pain worse at certain times of the day? Yes ☒ No ☐
If yes, please describe. *Morning before medication*

Evening after I have taken max pain relievers + can't take anymore

How often does your pain occur? *Daily, constantly*

How long does your pain last? *constantly*

SUPPLEMENTAL FUNCTION QUESTIONNAIRE (CON'T)

Have your eating habits changed because of your pain? Yes ☒ No ☐

Have you lost weight? Yes ☐ No ☒
If yes, how much?

Have you gained weight? Yes ☒ No ☐
If yes, how much?

If there has been a weight change in either direction, were you trying to change your weight? Yes ☐ No ☒

Do you take pain medicine? Yes ☒ No ☐ If yes, please provide the following information:

NAME OF MEDICATION

DOSAGE AND

FREQUENCY TAKEN

DATE STARTED

ETODOLAC (Lodine)

400 mg 3 daily prescribed

August 07

Percocet 5

5mg sometimes take more
as needed 3-4 daily sometimes

Oct 07

Does the medicine relieve the pain? Yes ☒ No ☐
If yes, how soon and for how long?

ETODOLAC Takes about 2 hours to kick in without the Percocet it lasts about 3 hours.

Percocet takes about 30 minutes to work but wears off after 2 hrs

Does the medicine cause any side effects? Yes ☒ No ☐

If yes, what are these side effects?

No current side effects but overuse of ETODOLAC might damage the liver.

Overuse of Percocet causes addiction

Do you wear or use any devices such as a brace or a TENS to relieve the pain? Yes ☐ No ☒ If yes, please describe.

Please describe any other things done to relieve the pain (physical therapy, biofeedback, hot showers, etc.).

TO Keep The Knees from hurting I am constantly moving them, changing from one position to another.

Have you ever attended physical therapy? Yes ☐ No ☒
If yes, please provide the name and address of the treatment facility and the dates of your treatment.

Have you been referred to a psychologist/psychiatrist to help cope with pain? Yes ☒ No ☒ If yes, please provide the name, address, and telephone number of the doctor and the dates of your treatment.

Not during this problem
However I do use a technique of meditation to fight bodily pain I learned long ago. Doesn't work as well as it used to probably because the pain gets worse as you get older.

RICKY A SHAW

348788

1/07